

## ISSUE SLIP STAMP AREA (for additional cross references)

| POSITION            | INITIALS | ID NO.    | DATE    |
|---------------------|----------|-----------|---------|
| FEES DETERMINATION  | G.W.     | 249 67094 | 6/28/99 |
| O.I.P.E. CLASSIFIER |          | 48        | 6/14/99 |
| FORMALITY REVIEW    | E.D.A.   | 60125     | 6/12/99 |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

| Claim | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here